

Formal errors in non-pharmaceutical medicine (CAM): Clinical medicine, mind-body medicine, body-psychotherapy, holistic medicine, clinical holistic medicine and sexology

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Abstract: This paper identifies five formal errors in non-drug medicine including most types of complementary and alternative medicine (CAM). These are based on five central principles of healing from the curriculum of the EU master in complementary, psychosocial and integrated health sciences (EU-MSc-CAM) from the Interuniversity College in Graz, Austria. An error is defined, as a therapeutic intervention that judged from established scientific knowledge should have been done differently. We found formal errors regarding: 1) The principle of salutogenesis, 2) The principle of similarity, 3) The principle that healing happens in surplus of resources, 4) The principle of using as little force as possible (*primum non nocere*), 5) The Hering's law of cure (you will get well in the opposite order of the way you got ill). From the primary errors secondary errors can be identified: A) Focusing on the patient's consciousness instead of the patient's unconscious, B) Wasting time on taking anamnesis and giving diagnoses, C) To ignore that the therapy does not help, D) Not to refer a patient that you know cannot be helped by you, E) Not to observe that a close relationship does not develop between therapist and patient, F) To work on a patient that you are not competent to help, G) Not to support the development of the patient into an independent person, H) Not letting go of the patient. None of the errors caused harm to the patient but slowed down healing. The presented list of errors is ideal for training and supervision.

Keywords: Nonpharmacological medicine, clinical medicine, clinical holistic medicine, alternative medicine, CAM, mind-body-medicine, body-psychotherapy, holistic health, human development, medical errors

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INTRODUCTION

The most used type of non-drug medicine (non-pharmaceutical CAM) is “clinical medicine”, which has been defined as “the study and practice of medicine by direct examination of the patient” (1). Clinical medicine includes many types of mind-body therapy like explorative physiotherapy (2-6), sexology (7-12), manual sexology, especially the sexological examination (13-17), holistic sexology (18-29), and clinical holistic medicine (CHM) (30-36). Clinical medicine is also used in psychodynamic psychotherapy (37-38), holistic mind-body-medicine (39,42), holistic body-psychotherapy (43-44) and the many different types of psychoanalysis with and without therapeutic touch (45-50). Holistic medicine can be defined as “mind-body-spirit”-medicine. Clinical holistic medicine is holistic, clinical medicine done in accordance with the classical tradition of the physician Hippocrates (460-377 BCE) and his students (51).

The purpose of non-drug medicine is in general existential, holistic healing, also called salutogenesis (52,53). Clinical medicine is the most dominant style in integrative or alternative medicine (CAM) and the basis of all courses in self-exploration, personal development and also in most coaching systems. Clinical medicine is in principles the therapist and patient together healing the patient by examination and further exploration into the findings. Even systems that are not strictly non-drug medicine, as in homeopathy (54) or Bach’s flower medicine have normally an element of exploration of the patient’s character or psyche that is clinical medicine.

Many universities worldwide have integrated CAM and clinical medicine, especially mind-body medicine, into the medical curriculum and millions of patients

are treated with clinical medicine often paid for by private health insurances and even in some countries by the national health insurance.

The use of CAM and clinical non-drug medicine is in exponential growth all over the world, and more and more patients are choosing this kind of treatment, and avoiding drugs that are known to have many adverse effects. In the United States, complementary medicine is used more than biomedicine now and doubling its use every 10 years in most western countries, making it most likely to be the medicine of this century. We therefore always recommend that clinical, holistic and integrative medicine (CAM) become scientific and that governments support the development of theory and documentation of its effect.

NEED FOR DETECTING ERRORS

The interest in non-drug medicine and clinical medicine has led to research into the quality of the provided service. More and more often national authorities responsible for the quality of medical care want to investigate, if a treatment with clinical medicine, clinical holistic medicine, manual sexology, and other types of non-drug medicine (CAM) is done correctly.

But there has not been a general method to establish, if an error has been committed in a treatment with integrative medicine. The evaluation of the CAM-therapist has often been done as hoc and without the support of a strict systematic approach. With this paper we want to change that.

We believe that a condition for providing a medical service in a nation on a high quality is that the patients, the therapists, and the government controllers are able to understand both the principles of treatment and the principles of errors that violate these principles.

Earlier we have established practices for

research, quality assurance, ethical evaluation, and quantitative evaluation of treatment effect of clinical medicine (CHM) (55-59). The first two of these document that holistic healing happens during the treatment and that quality of life, self-assessed mental, physical health and ability in general are improved by the treatment, while the later publications documents that healing is actually happening as seen from the medical record.

In this paper we provide the principles of formal errors for non-drug CAM, both clinical medicine and the other CAM-types often called “psychosomatic”, “integrative” and “psychosocial” medicine. .

These principles make it possible to evaluate if a therapist violates one or more of the basic healing principles of holistic medicine and non-drug CAM in general.

If one or two of the principles are violated this can be because of the specific style of CAM; if all or most of the principles are violated, the therapist is likely to have committed serious errors in the treatment that will prevent the therapy from healing the patient.

A negative outcome of the therapy does not necessary imply formal errors; even if you do therapy formally correct, there is an important artistic element that determines if the therapy is successful. If this artistic element is well mastered, the therapy can be highly efficient despite formal errors, even serious formal errors. The intent is as important as the practice of therapy; the intent cannot be measured, but must be evaluated as an aspect of the ethical evaluation of a treatment with integrative medicine.

DEFINITIONS AND HEALING PRINCIPLES

To define clinical, integrative, and complementary and alternative medicine (non-drug CAM) one must look at the

definitions of biomedicine, holistic medicine, alternative medicine, integrative medicine, clinical medicine and scientific medicine. Bio-medicine involves using chemicals (medical drugs) for cure. Holistic medicine is using the rehabilitation of the patient’s wholeness (called holistic healing or saluto-genesis) for cure. Alternative medicine is using whatever method found helpful (and not in use already by biomedical drugs), such as the medical systems of pre-modern cultures like acupuncture (China) or peyote (America). Integrative medicine is inte-grating the art and science of biomedicine and alternative medicine together. Clinical medicine is the study and practice of medicine by direct examination of the patient. Scientific medicine is built on scientific theory and documentations (evidence based medicine). Integrative scientific medicine is only integrating the scientific medical systems. So holistic medicine can be scientific (i.e., short-term psychodynamic therapy or non-scientific (i.e., aura-healing), it can be scientific and biomedical (treatment of post traumatic stress) or scientific and alternative (holistic short-term psychodynamic therapy comple-mented with bodywork and holistic philosophy (or mindfulness) = “clinical holistic medicine”). Alternative medicine can be holistic or non-holistic, scientific or art. Clinical medicine is always non-drug medicine, normally psychotherapy, physical therapy, sexology, body-psychotherapy, or clinical holistic medicine, but is also partly present in every medical examination.

Most people seem to agree to define complementary and alternative medicine as “holistic health care.” Holistic health care is defined as the art and sciences of healing the whole person – body, mind and spirit – by integrating conventional and alternative therapies to prevent and treat disease in

order to promote optimal health (from the constitution of International Society of Holistic Health). In Europe, 40 universities and academic institutions have created a EU-University (Interuniversity College, Castle of Seggau, Graz (60-66)) and a

Table 1: *The five central principles of holistic healing in clinical medicine, holistic medicine, clinical holistic medicine and CAM*

European Union Master degree in complementary, psychosocial and integrated health sciences (EU-MSc or EU-MSc-CAM) (67).

According to the curriculum there are five central principles of holistic healing, that works in holistic medicine and CAM,

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- The principle of salutogenesis: the whole person must be healed (existential healing), not only a part of the person. This is done by recovering the sense of coherence, character and purpose of life of the person.
 - The similarity principle: only by reminding the patient (or his body, mind or soul) of what made him ill, can the patient be cured. The reason for this is that the earlier wound/trauma(s) live in the subconscious (or body-mind).
 - The Hering's law of cure (Constantine Hering, 1800-1880): that you will get well in the opposite order of the way you got ill.
 - The principle of resources: only when you are getting the holding/care and support you did not get when you became ill, can you be healed from the old wound.
 - The principle of using as little force as possible (*primum non nocere* or first do no harm), because since Hippocrates (460-377 BCE), "Declare the past, diagnose the present, foretell the future; practice these acts. As to diseases, make a habit of two things - to help, or at least to do no harm." it has been paramount not to harm the patient or running a risk with the patient's life or health.
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see table 1 (68). The purpose of clinical medicine is almost always healing the patient's mind, body, sexuality, or whole life by helping him or her into the process of salutogenesis, i.e. the healing of the patient's whole existence; this process is also called recovery (in mental illness), spontaneous remission (in physical disease like cancer) or holistic healing (52,53).

FORMAL ERRORS

An error can be defined as a therapeutic intervention, that judged from established scientific knowledge should have been done differently. An error is different from unethical conduct. It is connected with the behaviour and is almost always independent of the intent of the therapists, the intent being an important dimension in medical ethics. A formal error is also independent of

the outcome of the therapy, the outcome also being part of the ethical evaluation, as well as relevant for statistically established treatment efficacy. To establish that an error has been made takes a deep understanding of the healing process and the way that it is created in the specific type of therapy. Only an expert in the therapeutic system that was used can do this competently. What will look like an error in one therapeutic system will sometimes be considered the correct treatment in another system. The five formal errors arising from the five central healing principles are listed in table 2.

ERRORS REGARDING THE PRINCIPLE OF SALUTOGENESIS

The most common error in clinical medicine, clinical holistic medicine, and

CAM is that the therapists fail to bring the patient into salutogenesis – into the process of healing. This is normally because the patient's resistance is in power and running the show; only if the therapist takes the lead and supports the patient in confronting the

emotionally painful material of the unconscious can salutogenesis be induced. In holistic therapy a common reason for this is not to work holistically, but getting lost in irrelevant details the patient will provide non-stop as part of the psychological

Table 2: *Formal errors in clinical medicine, clinical holistic medicine, and non-drug CAM*

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1. Errors regarding the principle of salutogenesis
 2. Errors regarding the principle of similarity
 3. Errors regarding the principle of resources (healing happens in surplus of resources)
 4. Errors regarding the principle of using as little force as possible (*primum non nocere* or first do no harm)
 5. Errors regarding the Hering's law of cure (that you will get well in the opposite order of the way you got ill).
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defense. Another reason is that the patient's "core", "whole life", or "existence", is not addressed but only a minor part of the mind or a specific behavioral pattern—i.e. focusing on an eating disturbance pattern, while the real cause of the problem lies in an arrested psychosexual development, which should be explored together with the patient.

In clinical medicine and holistic therapy the fundamental healing axis is with or against the psychological resistance of the patient. Going with the resistance might look like an error, but it is not. Only by shifting between going with the resistance and against the resistance can the therapy be effective.

Errors regarding the principle of similarity

Almost as common is the error of ignoring the principle of similarity and only treat the patient good, supportive and kind. To induce the process of healing, the patient must be guided into the repressed material that made him or her ill. According to the famous principle of similarity, originally

formulated by Hippocrates, and today used in many types of holistic medicine and CAM i.e. by the homeopaths (54), the patient must be exposed to a small dose of what originally gave him or her the traumas that made the patient ill – violence, neglect, abuse, pressure or what ever. The principle of similarity says that only by burdening the patient with a moderate degree of "evil" (58), will he/she be healed. This is in sharp conflict with the moral rules of most modern societies, and therefore many physicians and therapists avoid giving the therapeutic dose of "evil", that is necessary to get the patient into the process of salutogenesis.

Errors regarding the principle of resources (healing happens in surplus of resources)

Therapy gives support to the patient, in many different forms of resources, and only when the patient gets exactly the supportive quality what was missing at the moment of the trauma—security, love, care, acceptance, acknowledgement—can the healing happen. To do this takes a lot of empathy and understanding. The most common reason

for lack of resources is lack of confidentiality, intimacy and trust. If a therapist is afraid of intimacy and does not dare to touch the patient, when and where the patient needs to be touched, the healing will not happen.

A strong indication of lack of sufficient resources is that therapy becomes very painful for the patient. Even the most traumatic and painful of traumas, i.e. from incest, rape, and violent abuse, becomes bearable if resources are plenty.

Errors regarding the principle of using as little force as possible (*primum non nocere* or first do no harm)

Errors regarding the principle of using as little force as possible happen when the therapist uses more force than necessary, i.e. coercive persuasion (59), unnecessary fixation, or medication with antipsychotic drugs when psychotherapy could have helped better etc.

Errors of this type typically lead to retraumatization, i.e. the patient getting another trauma that represses the patient even more than before. A special type of "implanted memories" come from use of excessive force in therapy, and should be avoided (28). The only way to be sure that this principle is not violated is to see if all the smaller therapeutic steps likely to help, placed on a scale from no-force to max-force in the therapy, have been tried before the next level for forces is taken into use. For clinical holistic medicine such a scale has shown its usefulness (60). Of course there will always be an element of guess here as to small a tool will not work, and to large a tool is likely to cause the patient unnecessary suffering. Must fortunately are side effects even with the largest tools extremely rare in clinical medicine, clinical holistic medicine and CAM (61).

Errors regarding the Hering's law of cure (that you will get well in the opposite order of the way you got ill)

Errors happen here when the therapist fails to notice symptoms or to understand that the symptoms and diseases that appear during the treatment is actually a necessary replay of event from the patient's personal history, which must be re-experienced and integrated, for the healing to happen. An example is to treat the patient for a skin-disease, the patient had as a child, instead of allowing the patient to confront it and understand its inherent significance and psychodynamic meaning (i.e. problems in the contact with mother). According to Hering's law of cure, such a symptom indicates the release of material from deeper layers or more vital organs in the body (62-69). Hering believed that if the patient were not allowed to re-experience these things, the spontaneous regression necessary for healing could not take place (see table 2).

DERIVED ERRORS

A number of secondary or "derived" errors can be derived from the combination of the five formal errors arising from the five central healing principles listed in table 3.

A. Focusing on the patient's consciousness instead of the patient's unconscious

Patients can be divided into chronically ill and acutely ill patients. The acute illness is often caused by external factors that often can be adjusted, corrected or eliminated. This is done by anamnesis and examination, which combined leads the physician to the diagnosis. For the chronic diseases the situation is normally the opposite: There is no clear outer factor causing the disease; its etiology and pathogenesis remain mysterious. For all such illnesses and diseases, clinical medicine is likely to cure

the patient by identifying and annihilating the inner causes of disease. According to holistic etiology, it is repressed emotions and thoughts that disturbed the system of biological information, so cells, tissues, organs, and organisms do live and function well (70-84).

To induce salutogenesis, clinical medicine addresses the fundamental causes of disease inside man, which according to holistic and psychodynamic theory of disease, lie inside the human unconscious. To understand that lack of self-knowledge

Table 3: *Secondary errors derived from the formal errors in clinical medicine, clinical holistic medicine, and non-drug CAM*

<ol style="list-style-type: none"> 1. Focusing on the patient's consciousness instead of the patient's unconscious. 2. Wasting time on taking anamnesis and giving diagnoses. 3. To ignore that the therapy does not create any significant progress year after year is a serious error according to the principle of responsibility. 4. Not to refer a patient one cannot help is a serious error in clinical therapy, and in all therapy according to holistic philosophy. 5. Not to observe that the relationship does not develop, and continue therapy year after year that does not work, is also a serious derived error. 6. Not to work on a patient that you are not competent – or for other reasons not able - to help 7. Not letting go of the patient. 8. Not to support the development of the patient into a grown up, independent person
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is the primary cause of disease is to understand the mission of clinical medicine: to help the patient (re)gain self-knowledge. According to biomedical etiology, most diseases are at least partly caused by sub-optimal genes (DNA) that make the individual vulnerable for the disease. In general holistic medicine and CAM, it is accepted that some genes cause disease but most often these genes only ascribe a lesser dominant role compared to life-style and quality of life factors. If a disease is likely to be caused by a bad gene, and there is a cure based on this knowledge (like phenylketonuria, PKU) it is important also for the holistic doctor that this be explored and used. If the disease is likely to be curable with a simple drug – as penicillin in syphilis, a precise anamnesis and diagnosis

is important.

In clinical medicine, this is normally not the case. Most patients wanting clinical medicine, clinical holistic medicine or CAM are chronically ill and many have been through an examination, including blood test, X-ray, MR-scan, etc without results; often a precise diagnosis has not been made or so far the treatment did not help. The person's history has been gone through a hundred times, and all the patient knows and remembers has been scrutinized for hours and hours without any healing of the patient. In this situation, the most serious error a therapist can make is to waste more time taking anamneses and giving diagnoses. It is time to let the healing begin by changing what is happening, from the focus on the conscious

to the unconscious, where the material that causes the illness, disease, existential problem or sexual dysfunction is likely to be found and eradicated.

In dealing with the unconscious, the patient is not able to tell you what is wrong, because this is below the surface of consciousness. So you have to treat the patient in such a way that the unconscious becomes conscious. One of the most serious errors in clinical and clinical holistic medicine is therefore to pay notice to the conscious content of what the patient says, in the hope that the patient can reveal the causes of the problem. In principle, there is no reason to take a systematic history of the patient—an anamnesis—in clinical medicine. The exact diagnosis does not help the patient either. If you want to help and cure the patient, what is needed is that you focus on what is here and now, and help the patient confront the “frozen nows” of the past—the traumatic gestalts (85). A physician, who pays a lot of attention to a patient’s history, is most likely to be unable to help and cure his patient. This is exactly why patients having a chronic health condition are still ill despite spending hundreds of hours with biomedical doctors. The subconscious has yet to be addressed.

Hippocrates and his students believed that only by focusing on the character and all the reasons in the patient’s sub-conscious for “not stepping into character”, the physician or holistic therapist can help the patient to heal. Therefore, taking the anamnesis and taking about things that are not at all relevant for existential healing, instead of right away starting the exploration of the content of the chronic patient’s unconscious, is the first and maybe most serious error the physician can make. The error is easy to make, as the patient’s resistance will keep the patient’s attention to things that do not matter and away from the things that matter. The

therapist’s job is to go against this resistance, to help the patient meet the repressed and integrate it, so the healing can happen.

B. Violating the principle of responsibility

The therapist or physician is responsible for helping the patient. Therefore, each patient must be evaluated from time to time regarding his/her progress in therapy. We recommend that the health, quality of life and ability be measured for each patient, before and one or two months after the initiation of therapy to see if the therapy helps the patient. If there is no progress after a month or two, then the therapy is not likely to work at all. The therapist must realize this and change his approach to the patient, i.e. step up to a bigger, and more efficient, therapeutic tool or if this is not possible, send the patient to another therapist more likely to help and cure the patient. To ignore that the therapy does not create any significant progress year after year is a serious error according to the principle of responsibility.

Progress in clinical medicine is always seen as the patient is getting more real and more alive. The quality of life (QOL) is improving together with the physical and mental self-rated health (if low in the beginning) and the various dimensions of ability (social, working, sexual ability etc.). Small questionnaires like QOL1, QOL5 (86), or QOL10 (57) are useful for giving a simple and fast indication of progress in therapy with only a few minutes of inconvenience for the patient and the therapist.

If the patient has a serious illness like cancer or AIDS and few resources for healing in his or her personal social network, then it might be expected that QOL, health and ability are deteriorating. In this case, it is acceptable that these dimensions drop in the measures, if the

patient has accepted to die. If not, it is important to refer the patient to a therapist more likely to help and cure—most important to a therapist that personally—and from experience with similar cases—believe that he or she can help or even better heal the patient. It is important to mention that many studies now have indicated that even patients with severe mental illness, cancer, coronary heart disease, or HIV many times can be—if not cured—then at least helped with clinical medicine or clinical holistic medicine (88-100). Not to refer a patient one cannot help is a serious error in clinical therapy, and in all therapy according to holistic philosophy.

According to the holistic process theory of healing, there must be a gradually increasing emotional intensity and still closer relationship between therapist and patient in clinical medicine, clinical holistic medicine, and CAM and a still deeper and more existentially relevant philosophical reflection in the therapy, to be certain that the therapy is progressing and the patient is going to be cured. If the relationship is not getting closer, if the conversation is not getting more confidential, if the touching is not becoming more moving and impacting the patient still deeper, healing is not likely to happen. Not to observe that the relationship does not develop, and continue therapy year after year that does not work, is also a serious derived error.

C. Not to work on a patient that you are not competent — or for other reasons not able — to help

Not to work on a patient that you are not competent—or for other reasons not able—to help is another very important derived principle. To help a patient, one needs to support the patient in feeling, understanding and letting go (70). If a therapist cannot do this, i.e. because of a bad “chemistry”

(negative projections or a strong, positive or negative counter-transference that cannot be transformed into constructive energy) with the patient, the therapy must also be brought to a stop.

D. Not letting go of the patient

Finally the purpose of existential therapy, as clinical therapy must be, is to help the patient mature and develop integrity and independence. The patient must formulate his or her own personal philosophy and must little by little develop independence from the therapist, much as a child that grows up and in the end moves away from home. Not to support the development of the patient into a grown up, independent person, is also a derived error in therapy. Some types of psychodynamic psychotherapy and clinical holistic medicine consider the therapist’s intent of bonding for life with the patient as a necessity for successful healing. Bonding with the patient is not the same as hindering the patient in becoming a mature adult.

THE CONSEQUENCES OF ERRORS IN HOLISTIC MEDICINE

In biomedicine a medical error can easily lead to serious harm or even the death of the patients. An error in holistic medicine is much less serious, in the sense that the error itself will not lead to other harm than inefficiently (40,61), which means the lack of healing and recovery of the patient and money, energy and time wasted. This is not a legal problem for the therapist, but it is still an ethical problem, and definitely a problem for the organizations of therapists and physicians that would like to offer efficient and cost-effective health services to the citizens. Therefore errors in CAM should be taken seriously.

It can be difficult to control the treatments in detail, but it is really easy to

make a quality assurance program for each member of a professional association, where the outcome for the patients is measured before and after treatment (57). If such a program documents effective healing, then errors of the type discussed in this paper are only a minor problem of this clinic. Satisfactory levels of healing are one step improvement on a five point Likert scale in health, quality of life, or a relevant dimension of ability i.e. sexual functioning (see 57).

It must be mentioned that there are also many other errors that you as a therapist can make in the clinic that will destroy patient outcome, like forgetting an appointment, being late, being inattentive etc.

DISCUSSION

It takes an expert in the treatment system to tell if an error has been made. The concept of 'errors' is from the traditional biomedical system, where treatment with drugs often has fatal consequences if errors are made. In clinical and holistic medicine, where only conversation and touching are used, the consequence of an error is almost never fatal. While training and learning during practice, many of these errors will be done; it is almost impossible in the beginning to be aware of all the active principles of clinical medicine and all the signs of a successful application of them into healing the patient.

The system presented here is therefore best used for supervision and training, rather than as a system for disciplining therapists and physicians that does not successfully heal and help the patients. If the results of a therapist are systematically good, despite his therapeutic behaviors violating one or more of the presented principles, we should remember that medicine is not an exact science, but more than anything an art. If a therapist receives

complaints from patients, it is most likely that he commits several of the errors listed here and the learning that comes from analyzing what could be wrong could lead to a valuable upgrade of the therapist's clinical practice. We recommend that all disciplining be done with the intent of helping the therapist to become better and more aware of the healing principles presented here.

From the five central principles of healing, which are part of the curriculum of the EU-master from the Interuniversity College, Castle of Seggau, Graz in Austria, we have identified five formal errors that can be made in clinical medicine, clinical holistic medicine, and non-drug CAM. We have also found a number of derived errors. The list of errors allows for the efficient supervision of the therapist practicing clinical medicine, clinical holistic medicine, or non-drug CAM. If the therapist does not help his patients, or receives complaints, then he/she is likely to violate one or more of the principles of healing in therapy. By analyzing which healing principles are not respected, the therapist in clinical medicine can be helped to improve his/her practice. We recommend that the presented list of errors should not be used to discipline therapists but rather for training and supervising to improve skills.

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